

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual statewide telephone survey of adults developed by the Centers for Disease Control and Prevention and administered by the New York State Department of Health. The BRFSS is designed to provide information on behaviors, risk factors, and utilization of preventive services related to the leading causes of chronic and infectious diseases, disability, injury, and death among the noninstitutionalized, civilian population ages 18 years and older.

Colorectal Cancer Screening New York State Adults, 2016

Introduction and Key Findings

Colorectal cancer (cancer that starts in the colon or rectum) is the third leading cause of cancer death for men and women in New York State (NYS). There are approximately 9,070 new cases of colorectal cancer diagnosed each year in NYS, and about 3,180 NYS adults die from the disease annually.¹ Early detection of colorectal cancer, through regular screening, can improve survival rates. When colorectal cancer is found and treated early, it can often be cured. In some cases, screening can prevent the development of colorectal cancer through detection and removal of adenomatous polyps before they become cancerous.

The U.S. Preventive Services Task Force screening guidelines released in June 2016 recommend screening men and women ages 50 to 75 years and outline the risks and benefits of different screening tests.² The data in this report reflect screening recommendations in place at the beginning of 2016, that men and women ages 50 to 75 years at average risk for colorectal cancer should be screened for colorectal cancer with one of the following tests: a yearly take-home high-sensitivity fecal occult blood test (FOBT) or fecal immunochemical test (FIT), OR a flexible sigmoidoscopy every 5 years with FOBT/FIT every 3 years, OR a colonoscopy every 10 years. People with a family history or other risk factors for colorectal cancer should talk to their doctor about starting colorectal cancer screening earlier and undergoing screening more often.^{3,4}

The percentage of NYS adults ages 50 to 75 years screened for colorectal cancer was 68.5% in 2016 (Figure 1). NYS is slightly below the Healthy People 2020 objective of 70.5% of adults ages 50 to 75 years screened for colorectal cancer.⁵ Substantial improvement is needed to meet the National Colorectal Cancer Roundtable's goal of 80% screened for colorectal cancer.⁶

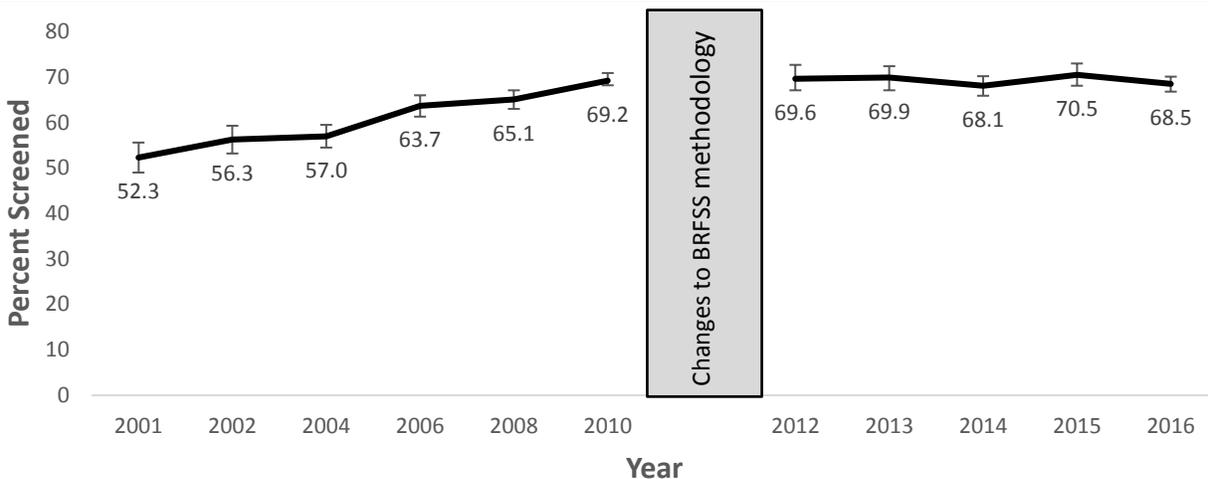
According to the 2016 data, men and adults ages 50 to 64 years are significantly less likely to be screened for colorectal cancer than women and adults ages 65 years and older (Figure 2). Screening rates increase as income level and educational attainment increase (Table 1). Adults ages 50 to 75 years without health insurance are significantly less likely to have been screened (41.5%) compared to those with any health insurance (70.2%). Moreover, NYS adults ages 50 to 75 years without a regular health care provider are also significantly less likely to have been screened (34.9%) compared to those with a regular health care provider (71.4%) (Figure 2). Although the proportion of adults screened for colorectal cancer is lower among individuals who lack health insurance or a regular health care provider, of adults ages 50 to 75 years who are not up-to-date on screening, 88.7% are insured and 83.7% have a regular health care provider (data not shown). These data suggest strategies that aim to improve access to colorectal cancer screening in the entire population, including those with health insurance, represent the greatest opportunity to achieve the goal of reaching 80% screened.

BRFSS Questions

1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? [If "yes"] 2. How long has it been since you had your last blood stool test using a home kit?
3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? [If "yes"] 4. How long has it been since you had your last sigmoidoscopy or colonoscopy?

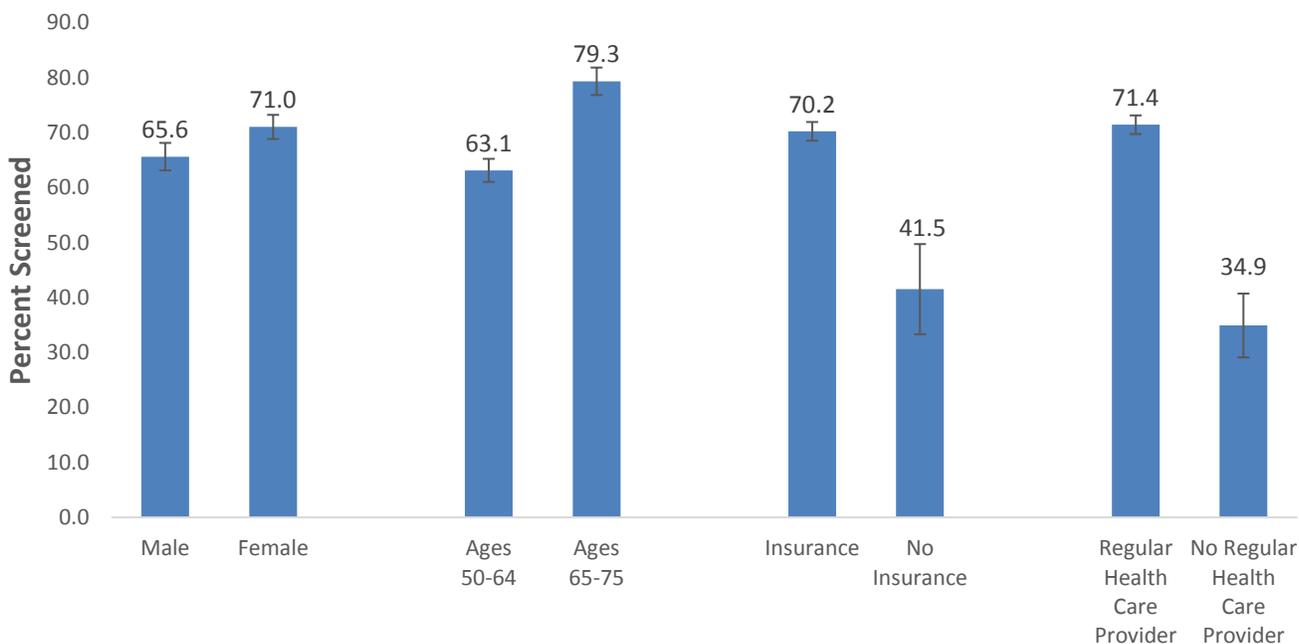
Note: Questions asked only of respondents ages 50 years and older. Questionnaire included an additional question asking whether the most recent exam was a sigmoidoscopy or colonoscopy.

Figure 1. Percent of New York State adults ages 50-75 years with FOBT/FIT in the past year OR sigmoidoscopy in the past 5 years with FOBT/FIT in the past 3 years OR colonoscopy in the past 10 years, by BRFSS survey year from 2001 to 2016*



*Data from 2012-2016 are not comparable to prior years because of changes to the BRFSS methods in 2011. See the following link for more information on these changes: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6122a3.htm?s_cid=mm6122a3_w
 Note: Estimates for 2012-2016 were calculated using newly available methods from CDC to account for missing data. The estimates for 2012 and 2013 represent a minor change from previously reported estimates.
 Note: Data on FOBT/FIT and sigmoidoscopy/colonoscopy not collected in 2003, 2005, 2007, 2009, or 2011 NYS BRFSS.
 Note: Error bars represent 95% confidence intervals.

Figure 2. Percent up-to-date with colorectal cancer screening* among New York State adults ages 50 to 75 years by gender, age, health insurance and provider status, BRFSS 2016 survey year



Note: Error bars represent 95% confidence intervals.
 *FOBT/FIT within 1 year, or sigmoidoscopy within 5 years with FOBT/FIT within 3 years, or colonoscopy within 10 years.

Table 1. Percent up-to-date with colorectal cancer screening* among New York State (NYS) adults ages 50 to 75 years, by selected characteristics, 2016 BRFSS

	Estimated population size ^a	Up-to-date with screening*		Colonoscopy in past 10 years		FOBT/FIT in past year	
	N	% ^b	95% CI ^b	% ^b	95% CI ^b	% ^b	95% CI ^b
Total NYS [N=17,871]	5,926	68.5	66.8-70.1	66.2	64.6-67.9	7.3	6.5-8.2
Sex							
Male	2,807	65.6	63.1-68.1	63.2	60.7-65.7	6.3	5.2-7.3
Female	3,120	71.0	68.8-73.2	68.9	66.7-71.1	8.3	7.1-9.5
Age (years)							
50-64	3,989	63.1	61.0-65.2	61.1	59.0-63.2	5.9	5.0-6.9
65-75	1,937	79.3	76.8-81.8	76.7	74.1-79.2	10.2	8.7-11.7
Race/Ethnicity							
White, non-Hispanic	3,638	70.6	68.9-72.4	68.6	66.9-70.4	7.0	6.1-7.8
Black, non-Hispanic	752	65.4	59.9-70.8	63.9	58.4-69.4	6.8	4.4-9.3
Hispanic	786	68.0	63.2-72.9	63.6	58.5-68.7	10.9	7.8-14.0
Other, non-Hispanic	570	59.1	50.1-68.1	58.0	49.0-67.1	5.5	1.8-9.2
Annual household income							
< \$25,000	1,293	60.7	57.0-64.5	56.6	52.9-60.3	11.0	8.8-13.2
\$25,000 - < \$50,000	1,097	65.5	61.5-69.4	63.2	59.3-67.2	7.1	5.3-8.9
≥ \$50,000	2,629	73.8	71.6-76.1	72.8	70.6-75.1	5.9	4.8-6.9
Missing ^c	907	65.8	60.9-70.6	61.8	56.9-66.8	6.9	4.6-9.2
Educational attainment							
Less than high school	885	64.1	58.7-69.6	59.7	54.1-65.3	9.1	6.2-12.0
High school or GED	1,583	64.9	61.7-68.2	62.5	59.3-65.8	8.0	6.4-9.5
Some post-high school	1,559	68.3	65.2-71.5	66.3	63.1-69.5	7.0	5.6-8.5
College graduate	1,862	73.3	70.8-75.8	71.9	69.4-74.4	6.4	5.1-7.7
Health care coverage							
Private insurance	2,659	69.8	67.5-72.0	68.2	66.0-70.5	6.0	4.9-7.1
Medicare	1,296	76.1	73.1-79.2	73.9	70.8-77.0	8.8	7.2-10.4
Medicaid	494	57.9	52.5-63.3	54.2	48.7-59.6	9.0	6.0-12.0
Other insurance	216	68.8	60.1-77.5	64.7	56.1-73.3	12.2	7.5-16.9
No insurance	343	41.5	33.3-49.7	38.5	30.3-46.7	5.4	2.4-8.3
Regular health care provider							
Yes	5,415	71.4	69.7-73.1	71.1	67.4-70.9	7.8	6.9-8.7
No	479	34.9	29.1-40.7	32.7	27.0-38.4	2.5	0.7-4.4
Disability status^d							
Yes	1,602	67.1	63.9-70.3	64.2	61.0-67.4	9.1	7.5-10.7
No	3,951	69.0	67.1-70.9	67.1	65.1-69.0	6.7	5.7-7.6
Residence							
New York City (NYC)	2,341	66.5	63.2-69.8	64.3	60.9-67.6	6.9	5.4-8.5
NYS excluding NYC	3,585	69.7	68.0-71.4	67.4	65.7-69.2	7.6	6.7-8.5

* FOBT/FIT within 1 year, or sigmoidoscopy within 5 years with FOBT/FIT within 3 years, or colonoscopy within 10 years.

^a Estimated population size based on weighted frequencies from BRFSS, in thousands. Excludes individuals with missing data on each characteristic of interest.

^b %=Percentage; 95% CI=95% confidence interval. Percentages are weighted to population characteristics.

^c "Missing" category included because more than 10% of the sample did not report income.

^d All respondents who reported at least one type of disability (cognitive, self-care, independent living, vision, hearing or mobility).

References

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6. Tools and Resources – 80% by 2018. National Colorectal Cancer Roundtable. Retrieved from <http://ncrt.org/tools/80-percent-by-2018/> on January 10, 2018

Program Contributions

New York State Department of Health
Bureau of Chronic Disease Evaluation and Research
Bureau of Cancer Prevention and Control

Order Information

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